MINNESOTA POLLUTION CONTROL AGENCY HAZARDOUS WASTE DIVISION 520 LAFAYETTE ROAD ST. PAUL, MINNESOTA 55155

* ATTN: HWIMS

OMB No. 0250-0039 Expires 9/30/99

For MPCA use only

3700 shifth street s.w. Generator's Phone 52406-3388-54631 Co Transporter 1 Company Name	so location of waste generation mailing address.) ounty:	on if different	MN	e Manifest D 8025		Number 5	
. Transporter 1 Company Name	A CONTRACT OF THE PROPERTY OF			e Generator's			
	5. Transporter 1 Company Name 6. US EPA ID Number			C. State Transporter's ID 188873			
	ioneer Tank Lines MND 0 4 4 1 7 6 1 1 3			D. Transporter's Phone			
7. Transporter 2 Company Name 8. US EPA ID Number			e Transporte				
		F. Transporter's Phone					
9. Designated Facility Name and Site Address 10. U.S EPA ID Number U.S. Filter Recovery Services 2430 Rose Place			G. State Facility's ID				
			H Faci	lity's Phone			
	Roseville, MN 55113 M N D 9 8 1 0 9 8 4 7 8			651-638-1300			
. US DOT Description (Including Proper Shipping HM	Name, Hazard Class, and ID Num	ber) 12. Cont	Annual Contract of the last	13. Total Quantity	14. Unit Wt Vol	I. Waste No.	
RQ Waste Environmentally hazardous n.o.s. (EPA F006) 9, UN8677 PG	s substances, liquid, 3HI 9, UN 3082	P6111 001	DF	00026	G	F008	
RQ Waste Environmentally hazardous n.o.s. (EPA F008) 9-UN3077-P0	s substances, liquid,	6111	DF	00026	G	F008	
	REC'D				7		
			1.1				
	FEB 191	999					
[18] 《图》 《图》 图》 图》 图	I CD 10						
	RESP						
b. 96918994 RQ=10 LBS 5. Special Handling Instructions and Additiona	I Information	Eme	rgency	Contact:	319	365-4631	
G. GENERATOR'S CERTIFICATION: It are classified, packed, marked, and government regulations and all apply a large quantity generator I certiconomically practicable and that I have interest to human health and the environminanagement method that is available to	R00117704 RECORDS CENTER	f toxicity of voosal currently	vay accord	ing to applicab erated to the de to me which mi	le intern gree I ha	shipping name an ational and national ave determined to he present and futu select the best was	
Printed/Typed Name	Signature					Date Month Day Ye	
JAMES C. JENSEN Come			700	01.		0.20.319	
7. Transporter 1 Acknowledgement of Receipt	of Materials	1	0			Date	
Printed/Typed Name	Signature	2	11	01		Month Day Ye	
111hm / Croebel	1/1/1	in 1	ply	hel		02039	
8. Transporter 2 Acknowledgement of Receipt		V	V			Date	
Printed/Typed Name	Signature				- 1	Month Day Ye	
9. Discrepancy Indication Space	scription Char	ged at 1	facil	Litye.	5)		
LINE ath DOI DE				1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /			
0. Facility Owner or Operator: Certification of Item 19.	receipt of hazardous material	s covered by this	s manife:	st except as	noted i	n Date	

(Previous editions obsolete) Copy 2: Facility mails to Generator State